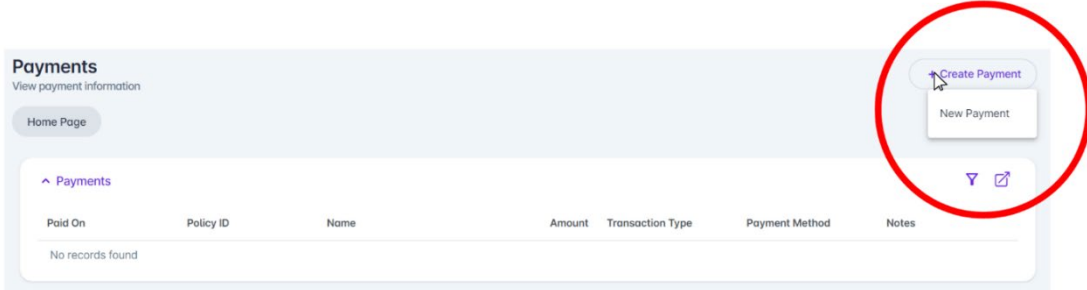




- Click “Create Payment” (circled)
- Click “New Payment” from drop down (circled)



****NEW****

- Be sure to select which invoices are being paid by clicking the check box **(circled)**
 - The amount will automatically calculate based on the balance of the invoice(s) selected but the amount is editable
- Be sure to add a “Payment Description” **(arrow)**
- Click “Continue to Payment Details” **(circled)**

Payments > One-Time Payment

One-Time Payment

Policyholder *


Policy

Select invoices in the table below to allocate the payment amount towards them. Any overage will be recorded as a surplus credit to be used in the future.

Invoice Number	Issue Date	Due Date	Description	Balance
<input checked="" type="checkbox"/> ACME-0180-007	12/1/24	12/31/24		\$56.00

Amount

\$ 56.00

Payment Description * 

Payment for December Premium

[Continue to Payment Details](#)



CAMComp
WORKERS' COMPENSATION PLAN



Submit One Time Payment

NEW

- The invoices selected in the previous screen will be listed here **(1)**
- Select payment method **(2)** and add information in all fields and click “validate”
- To save this payment method, check the “Save card for future use” box **(3)**
- If your total payment is correct, Click “Submit Payment” **(4)**

Submit One Time Payment

Policy Details

Insured Name	Policy Number
Effective Date 12/24/23	Expiration Date 12/24/24

Invoices Included in Payment
The following invoices will be paid as part of completing this payment successfully

Invoice Number	Issue Date	Due Date	Status	Balance
ACME-0180-007	12/1/24	12/31/24	Active	\$56.00

Payment Method **(2)** Credit ACH

Saved Payment Methods

Name on Card *

Credit Card Number
Enter credit card number without spaces

Expiration CVC Postal

Save card for future use **(3)**

Payment Details

Notes
Payment for ACME-0180-007

AMOUNT	\$56.00
FEE	\$0.28
TOTAL	\$56.28

(4) Submit Payment

Validate